

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		6				
3						
4						
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7		2				
8		2				
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30	1					
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36	1					
37						
38						
39						
40						
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5		↓			↓
TOTAL DEP.	44		↔		↔	↔
TOTAL CLAIMS	49					

	*	*	*	IND.	DEP.
	IND.	DEP.	IND.		
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99					
100					
TOTAL IND.			↓		
TOTAL DEP.			↔		↔
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS